

Training Request Form

Applicant's Name

Current Assignment

Date of Request

Training Title

Date Training Begin

Date Training Ends

Total Training Hours

Address of Training

Course Costs

Benefits to Applicant and Department

Purpose for Training and How this Relates to your Career Enhancement Goals

Transportation Required (City or Private Vehicle) Approx. Number of Miles

City Vehicle ____ Private Vehicle Approx. Miles 1 Way

Lodging Costs Per Night

Approx. Cost

Food Expenses

Number of Days

Majors and Lts. Please note your purpose for Denial or Approval in the Comments Section Below. Requires response in 3 days per P.O.P.

Lieutenants Recommendation

Approved ____ Denied ____

Lieutenant Signature

Date of Recommendation

Majors Recommendation

Approved ____ Denied ____

Immediate Recommendation

Approved ____ Denied ____

Majors Signature

Date of Recommendation

Training Review Committee Recommendation

Approved ____ Denied ____

Date of Recommendation

Comments

Please note the reason for Denial or Approval in the Comments below. Use area available on the back if needed.

Chief of Police or Services Division Major (Decision Overturned)

Date Overturned

Attachments
included

YES NO

☐☐

Please Attach any brochure, advertisement, or descriptive information for review.
Indicate in Benefits to Applicant or Department if Grant Monies will be used.
Please complete the back of this Form prior to submission.

Revised
032198

Please list your Career Goals and Skills as it pertains to the Training Requested Below

Name

